Michigan Department of Community Health

OTHER INSURANCE CODE CHANGE REQUEST

INSTRUCTIONS:

- PRINT or TYPE.
- Retain a COPY in DHS Case File.
- Fax: **(517) 346-9817**
- E-Mail: **TPL_Health@Michigan.Gov**
- Mail ORIGINAL to:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
THIRD PARTY LIABILITY DIVISION
BUREAU OF FINANCIAL MANAGEMENT
PO BOX 30479
LANSING MI 48909

From:

DHS Specialist	Date	County	District	Section	Unit	Specialist
County DHS Office		Grantee Name				
Telephone Number ( )		Case Number				

Change the Other Insurance (OI) Codes for the Following Beneficiaries:

BENEFICIARY NAME	MIhealth NUMBER	CURRENT OI CODE	OI CODE CHANGE

Reason For Change:

☐ **Divorce** ➔	Date of Divorce	☐ **Military Discharge** ➔	Date of Discharge
☐ **Coverage Termination** ➔	Date of Termination	☐ **Employment Termination** ➔	Date of Termination
☐ **OTHER (explain):** ➔	Date of Change	Reason:	

Attachments: Attach documentation to substantiate a request to terminate or change insurance coverage, such as a letter from an insurance company or employer. CHECK BELOW:

☐ **ATTACH LETTER from Insurance Company** ☐ **ATTACH LETTER from Employer**

☐ **OTHER (Attach Documentation / Specify):**

AUTHORITY: Title XIX Social Security Act.

The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider..

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